If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.





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CLASS CREINSTATEMENT FORM 2005-396-T

File the original with:		Mall or fax a copy to:
Columbia, S.C. 29211 (803) 896 – 5100	CEIVED	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 10-20-2010	, , , , , , , , , , , , , , , , , , , ,	
Please consider this an application for Reinstatem		R
Taxi Certificate Number ORS TE Charter Certificate Number Charter Bus Certificate Number Non-Emergency Certificate Number		OCT 2 I 2010 CLERK'S OFFICE
My certificate was revoked/cancelled on $10-07-1010$ because $\angle ATE = 1ivg$ (DATE)		
I am seeking reinstatement because I WANTTO CONTINUE operating		
(Name of Company) CAR DED TOP CAR SERVICE (If applicable)		
(Street Address) Timmonsville 30 29161 (City, State, Zip Code)	(Mailing Address i	f different from Street Address) Barbury from Street Address) gnature)
(843) 346_9083 (Telephone Number)	_ Ow	(Title) Owner, President, etc.